IPDR6702				NORTH CAROLINA		P.	AGE: 1	
RUN DATE	: 03/05/2007			RS CHECKWRITE SUMMARY REPORT CHECKWRITE DATE: 03/06/2007				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER			NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	1976	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		8800	195	FURTHER PROCESSING NECESSARY,	0	2273	2282	9
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		11 5	97	CLIENT NOT ELIGIBLE ON SERVICE DATE				
				DATE				
3404904	WESTERN HIGHLAN DS LME	8534	143	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING				
	DS LME			PROVIDER. PLEASE VERIFY THE F				
		0522	125	CORNELL DE LINGUE CONTROL CANDI				
		8533	137	SERVICE FACILITY LOCATION CANN OT BE AN ATTENDING PROVIDER	0	684	6868	6184
				IDENTIFIED AS AN INDIVIDUAL.				
		8599	126	DETAIL NOT COVERED BY COMBINAT	_			
		1-3-3-3		ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404910	PATHWAYS	8599 4	479	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.	_			
		21 1	161	DUPLICATE OF CLAIM-SYSTEM	109	1075	6437	5356
		8534	90	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
				PROVIDER. PLEASE VERIFI INE F				
3404912	CATAWBA COUNTYM	8599	38	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DEMILIT THEMSE.				
		11 4	4	CLIENT NOT ELIGIBLE ON SERVICE	2	47	655	608
				DATE				
		8931 2	2	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404913	MECKLENBURG COM ENTAL HEALT	8599	7947	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	ENIAD READI			BENEFIT PACKAGE.				
		3411 2	2473	PROVIDER TYPE AND SPECIALTY 07				
		3411	41/3	4/113 CANNOT BILL ENHANCED	415	16699	20374	3675
				BENEFIT SERVICES ON OR AFTER D				
		21 1	1779	DUPLICATE OF CLAIM-SYSTEM				
3404916	CROSSROADS BEHA	8518	375	CLAIM DENIED, SUBMITTED BEYOND				
	VIORAL HEAL			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		11 6	58	CLIENT NOT ELIGIBLE ON SERVICE	0	468	5397	4929
				DATE				
		4807	9	SERVICE DENIED. UNIT LIMITATIO				
				N HAS BEEN EXCEEDED FOR THIS SERVICE	_			
3404917	CENTERPOINT HUM	8505	349	CLAIM DENIED DUE TO INSUFFICIE				
3404917				NT BUDGET	+			
3404917	AN SERVICES			1				
3404917	AN SERVICES							
3404917	AN SERVICES	8599 5	53	DETAIL NOT COVERED BY COMBINAT	0	512	1995	1483
3404917	AN SERVICES	8599 5	53	ION OF RECIPIENT, PROVIDER AND	0	512	1995	148
3404917	AN SERVICES		53	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	512	1995	1483
3404917	AN SERVICES		53	ION OF RECIPIENT, PROVIDER AND	0	512	1995	1483
3404917	AN SERVICES			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	512	1995	1483

							moma r	momar
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8599	24	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	15	CLIENT NOT ELIGIBLE ON SERVICE	1	61	874	813
				DATE				
								-
		191	7	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				-
3404920	ALAMANCE CASWEL	8505	2414	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		21	75	DUPLICATE OF CLAIM-SYSTEM	1	2512	3327	815
								-
		3411	11	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				-
			+	BENEFIT SERVICES ON OR AFTER D			<u> </u>	t
			1				†	
3404921	ORANGE PERSON C	8505	3125	CLAIM DENIED DUE TO INSUFFICIE				1
	HATHAM AREA			NT BUDGET				1
		5312	226	PRIOR AUTHORIZED DOLLARS EXCEE	9	3746	5668	1922
			1	DED			<u></u>	
			+					
		21	122	DUPLICATE OF CLAIM-SYSTEM				
		21	122	DOPLICATE OF CLAIM-SISIEM				
								-
3404922	THE DURHAM CENT	8505	1245	CLAIM DENIED DUE TO INSUFFICIE				-
	ER			NT BUDGET				-
								†
		8800	132	FURTHER PROCESSING NECESSARY,	9	1462	2094	632
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	45	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				<u> </u>
				BENEFIT PACKAGE.				
3404923	DELLE GOLDENIA MAI	11	143	CLIENT NOT ELIGIBLE ON SERVICE				-
3101323	FIVE COUNTY MH		113	DATE				-
								-
		21	110	DUPLICATE OF CLAIM-SYSTEM	0	303	2122	1819
		8518	22	CLAIM DENIED, SUBMITTED BEYOND				
			1	FILING TIMELIMIT. PRIOR				
			1	FISCAL YEAR DOS (JULY 1 - JUNE				
3404925		11	116	CLIDNA MOA BLICIDID ON CODALICO				<u> </u>
	SANDHILLS CENTE	11	116	CLIENT NOT ELIGIBLE ON SERVICE DATE			 	
	R FOR MH/DD		+	MARKA M			 	-
			+				 	-
		21	113	DUPLICATE OF CLAIM-SYSTEM	14	527	2927	2400
			+	+	14	52/	2321	2400
			1				†	
		8599	72	DETAIL NOT COVERED BY COMBINAT				1
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				1
		1	1					
3404926	SOUTHEASTERN RE	8518	181	CLAIM DENIED, SUBMITTED BEYOND				↓
	G MENTAL HL		+	FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
			+	FISCAL YEAR DOS (JULY I - JUNE				
		8599	144	DETAIL NOT COVERED BY COMBINAT		_		
		0333	177	ION OF RECIPIENT, PROVIDER AND	13	575	4162	3587
			+	BENEFIT PACKAGE.			 	
			+				<u> </u>	
			1	1	1	1	l .	
		21	79	DUPLICATE OF CLAIM-SYSTEM				
		21	79	DUPLICATE OF CLAIM-SYSTEM				
		21	79	DUPLICATE OF CLAIM-SYSTEM				

	T	1	1	I	T	ı		
PROVIDER		HIGH DENIAL	NUMBER OF		marc	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	DENIALS	FINALIZED	PAID
	PROVIDER NAME				DENTALS	DENIALS	FINALIZED	PAID
3404927	CUMBERLAND CO M	11	123	CLIENT NOT ELIGIBLE ON SERVICE				
	нс			DATE				
		8599	27	DETAIL NOT COVERED BY COMBINAT	0	201	1041	840
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		5404	25	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404930	JOHNSTON COUNTY	23	133	SERVICE REQUIRES PRIOR APPROVA				
	MNTL HLTHC			L				
		11	68	CLIENT NOT ELIGIBLE ON SERVICE				
		11	00	DATE	0	203	325	122
				Ditt				
	+	191	2	CLIENT ID NUMBER DOES NOT MATC				
	+		_	H PATIENT NAME				
			 					
			 					
3404931	WAKE CO HUM SVC	5308	50	PRIOR AUTHORIZED UNITS EXCEEDE				
	BILLING OF		 	D				
		8599	42	DETAIL NOT COVERED BY COMBINAT	3	211	640	429
				ION OF RECIPIENT, PROVIDER AND		211	340	12.5
				BENEFIT PACKAGE.				
	1		1					
		11	37	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404933	SOUTHEASTERN CT	79	184	THIS SERVICE IS NOT PAYABLE TO				
	R FOR MH/DD			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8599	74	DETAIL NOT COVERED BY COMBINAT	0	350	1176	826
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	61	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404934	ONSLOW CARTERET	11	270	CLIENT NOT ELIGIBLE ON SERVICE				
	BEHAV HEAL			DATE				
		8599	78	DETAIL NOT COVERED BY COMBINAT	1	520	1589	1069
				ION OF RECIPIENT, PROVIDER AND	_	320	1303	1005
				BENEFIT PACKAGE.				
		8535	66	SERVICE FACILITY LOCATION WAS				
				NOT SUBMITTED ON THIS CLAIM.				
			 	PLEASE RESUBMIT THE CLAIM WITH				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
1			1					
		0	0		0	0	0	0
								Ů
	· · · · · · · · · · · · · · · · · · ·	8505	172	CLAIM DENIED DUE TO INSUFFICIE				
3404936	WILSON-GREENE M			t			i	
3404936	WILSON-GREENE M ENTAL HEALT			NT BUDGET				
3404936				NT BUDGET				
3404936								
3404936		5404	6	SEVERE DUPLICATE: SAME ATTD PR	0	184	536	352
3404936			6		0	184	536	352
3404936			6	SEVERE DUPLICATE: SAME ATTD PR	0	184	536	352
3404936			6	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	184	536	352
3404936			6	SEVERE DUPLICATE: SAME ATTD PR	0	184	536	352
3404936		5404	5	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	184	536	352
3404936		5404	5	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	184	536	352
		5404	5	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD DUPLICATE OF CLAIM-SYSTEM	0	184	536	352
3404936		5404	5	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	184	536	352
	ENTAL HEALT	5404	5	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD DUPLICATE OF CLAIM-SYSTEM	0	184	536	352
	ENTAL HEALT	5404	5	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD DUPLICATE OF CLAIM-SYSTEM	0	184	536	352
	ENTAL HEALT	5404	5	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD DUPLICATE OF CLAIM-SYSTEM	0	184	536	352
	ENTAL HEALT	5404	5	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT	21	9	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM	0		536	
	ENTAL HEALT	21	9	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER DOES NOT MATC				
	ENTAL HEALT	21	9	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER DOES NOT MATC				
	ENTAL HEALT	21	9	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER DOES NOT MATC				
	ENTAL HEALT	21 21 191	9	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
	ENTAL HEALT	21 21 191	9	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME SERVICE FACILITY LOCATION IS N				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS
	PROVIDER NAME				DENTALS	DENIALS	FINALIZED	PAID
3404939	NEUSE MENTAL HE	3412	112	PROVIDER TYPE AND SPECIALTY 07				
	ALTH CENTER			4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		8518	61	CLAIM DENIED, SUBMITTED BEYOND	0	209	1128	919
				FILING TIMELIMIT. PRIOR		209	1120	919
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	17	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404941	PITT CO MH/DD/S	669	38	OTHER DIAGNOSIS CODE 3 IS INVA				
	AS CENTER			LID				
		8599	20	DETAIL NOT COVERED BY COMBINAT	0	70	1042	972
				ION OF RECIPIENT, PROVIDER AND	0	70	1042	912
				BENEFIT PACKAGE.				
		8537	9	PROCEDURE IS NOT PAYABLE FOR Y				
			-	OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
3404942	ROANOKE CHOWANH	79	8	THIS SERVICE IS NOT PAYABLE TO				
	UMAN SERVIC			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8599	3	DETAIL NOT COVERED BY COMBINAT	0	16	337	321
				ION OF RECIPIENT, PROVIDER AND				
	1			BENEFIT PACKAGE.				
		8518	2	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
3404943	ALBEMARLE MENTA	79	61	THIS SERVICE IS NOT PAYABLE TO				
	L HEALTH CE			YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
				PROVIDER TIPE AND SPECIALIT IN				
		8535	22	SERVICE FACILITY LOCATION WAS	8	132	1385	1253
				NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
		8599	14	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA	21	8	DUPLICATE OF CLAIM-SYSTEM				
	N SERVICES							
		120	4	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT	0	19	3758	3739
				VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
				THE PARTY CANADA				
		8599	3	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
			L					
3404946	FOOTHILLS AREAM	143	34	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
	ENTAL HEALT			EDIGIDIDITI FIDE				
			1					
	1	8599	12	DETAIL NOT COVERED BY COMBINAT	0	57	694	637
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		101	E	OLIDAR ID MIMDED DODG NOW MANG				
	1	191	2	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
			-					
	1							
3404957	TIDELAND MENTAL	8505	134	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR	<u> </u>		NT BUDGET				
		0510	71	OLATH DENTED GUDWINGER PRIVATE				
		8518	71	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR	4	290	2366	2076
					l .	1	l	-
				FISCAL YEAR DOS (JULY 1 - JUNE				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8800	55	FISCAL YEAR DOS (JULY 1 - JUNE FURTHER PROCESSING NECESSARY,				
		8800	55	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
		8800	55	FURTHER PROCESSING NECESSARY,				
2404072			55	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404979	NEW RIVER AREAM	8800 8505	55	PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE				
3404979	NEW RIVER AREAM H/DD/SA PRO		55	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404979			55	PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE				